ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION	ELOUIN		23 1 5 0 1	
D.I.P.E. CLASSIFIER			1 211 27 3	
FORMALITY REVIEW	TE	1/12	C9/27/01	
RESPONSE FORMALITY REVIEW	Sal	917	101-29-07	

INDEX OF CLAIMS

V	Rejected	N	Non-elected
=	Allowed	1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

÷ Hestricted U							
Claim /	Date	Claim	Date	Claim	Date		
Final Original		Final		Final			
31/3	 	51 52		101			
3 1		53		103			
N		55		104			
6 7		56		106			
8 1 1 1	 	58	 	107			
9		59		109			
10		60		110			
12	 	62		112	- 		
13		63		113			
14		65		114			
16 /		66		116			
18 / V		68		117			
10 N		69		118			
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21 22		71		121			
23		72 73	 - 	122			
24		74		124			
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27		77		126			
28 1 / /		78		128			
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31		81		131			
32		82		132			
33 34		83 84		133			
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36		86		136			
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39		89		139			
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43		93		143			
44 45		94		144			
45	- - - - 	95		145			
47		97		147			
48		98		148			
50		100		150	- 		

If more than 150 claims or 10 actions staple additional sheet here